

954858

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2021-018692

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Thomas	Middle Jerold	Last Wheatley	Suffix	Death Date June 11, 2021
Sex Male	Age 81 years	Social Security Number 575-38-6082	County of Death Clackamas		
Birthdate January 23, 1940	Birthplace San Diego, California		Was Decedent Ever in U.S. Armed Forces? Yes		
Residence: 12154 SE 114th Court		City/Town Happy Valley			
Residence County Clackamas	State or Foreign Country Oregon	Zip Code + 4 97086	Inside City Limits? Yes		
Marital Status at Time of Death Widowed	Spouse's Name Prior to First Marriage Isabel Jean Woods				
Father's Name Bacil Wheatley		Mother's Name Prior to First Marriage Opal Turner			
Informant's Name Thomas Wheatley	Telephone Number Not Available	Relationship to Decedent Son	Mailing Address 17816 SE 24th Street, Vancouver, WA 98683		
Place of Death Other - Dialysis facility	Facility Name				
Location of Death 6902 SE Lake Road 100	City/Town or Location of Death Portland		State Oregon	Zip Code + 4 97267	
Method of Disposition Cremation	Place of Disposition Evergreen Washelli Crematory		Location (City/Town and State) Seattle, Washington		
Name and Complete Address of Funeral Facility Lincoln Memorial Park And Funeral Home 11801 SE Mt Scott Boulevard, Portland, Oregon 97086					
Date of Disposition TBD	Funeral Director's Signature Bailey Engen		Electronically Signed	OR License Number FS-0701	
Registrar's Signature Jennifer A. Woodward	Date Received June 24, 2021		Local File Number		
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?	No	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death 05:26 PM
CAUSE OF DEATH					Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ Kidney failure					3 years
a. Due to (or as a consequence of) ↓ Atherosclerosis					many years
b. Due to (or as a consequence of) ↓ Diabetes					many years
c. Due to (or as a consequence of) ↓					
d. Other significant conditions contributing to death Liver cancer, Heart failure, Coronary disease					
Manner of Death Natural	If Female Not Applicable			Did tobacco use contribute to death? No	
Date of Injury	Time of Injury	Place of Injury		Injury at Work?	
Location of Injury					
Describe how injury occurred				If transportation injury, specify.	
Name and Address of Certifier Richard Anthony Varan 9800 SE Sunnyside Road, Clackamas, Oregon 97015					
Name and Title of Attending Physician If Other than Certifier				Date Signed June 24, 2021	
Medical Certifier Richard Anthony Varan	Electronically Signed	Title of Certifier M.D.		License Number MD25583	
Amendment					



20210634746

45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: June 29, 2021

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

